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TDANCAUTTAL		Applic	Application Number		10/660,465		
TRANSMITTAL			Filing I	Date	Septemb	per 10, 2003	
FORM			First N	Named Inventor	WENZ et	t al.	
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			Exami	iner Name	Unassign	ned	
Total Number of Pag Submission	es in This		Attorne	ey Docket Number	019433-0	000300US	
		ENC	LOSURE	S (Check all that apply	y)		
Fee Transmittal	Form	☐ Drawin	ıg(s)	g(s)		After Allowance Communication to Group	
Fee Attach	ed	Licensi	ing-relate	ed Papers		al Communication to Board of Appeals nterferences	
Amendment/Rep	ply	Petition	n			eal Communication to Group (Appeal e, Brief, Reply Brief)	
After Final			n to Convi		Propr	rietary Information	
Affidavits/d	leclaration(s)			ey, Revocation espondence Address	Statu	s Letter	
Extension of Tim	ne Request	Termin	nal Disclaimer		Other Enclosure(s) (please identify below):		
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	losure Statement				PTO/SB/0	8A & PTO/SB/08A	
Certified Copy of Document(s)	Priority	Remar	rks	The Commissioner is a Account 20-1430.	authorized to	o charge any additional fees to Deposit	
Response to Mis				i			
	to Missing Parts FR 1.52 or 1.53						
				ICANT, ATTORNEY,	OR AGEN	IT	
Firm or	Townsend and Townsend		nd Crew				
Individual	I lamae M\ Haelin			Reg. No	0. 29,541		
Signature							
Date October 10, 2003							
	CERTIFICATE OF TRANSMISSION/MAILING						
	I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
Typed or printed name	<u> </u>						
Signature Edward		Ma	emias	Date	October 215, 2003		

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On 10-15-03

TOWNSEND and TOWNSEND and CREW LLP

By: Zawara

**Edward Masinas** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

DR. ROBERT WENZ et al.

Application No.: 10/660,465

Filed: September 10, 2003

For: APPARATUS AND METHODS FOR MIXING TWO COMPONENTS

Examiner: Unassigned

Art Unit: Unassigned

INFORMATION DISCLOSURE

STATEMENT UNDER 37 CFR §1.97 and

§1.98

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. In accordance with 35 USC §371, the U.S. Patents are not enclosed. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

DR. ROBERT WENZ et al. Application No.: 10/660,465

Page 2

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that <u>no fee is required</u> for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

James M. Heslin Reg. No. 29,541

TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, 8<sup>th</sup> Floor San Francisco, California 94111-3834

Tel: 650-326-2400 Fax: 650-326-2422

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Substitute for form 1449B/PTO		Complete if Known
MFORMATION DISCLOSUR	Application Number	10/660,465
		September 10, 2003
STATEMENT BY APPLICAN	First Named Inventor	Chernyak, Dimitri
	Art Unit	Unassigned
(use as many sheets as necessary)	Examiner Name	Unassigned
Sheet 2 of 2	Attomey Docket Number	019433-000300US

NON PATENT LITERATURE DOCUMENTS  Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item							
Examiner Initials *	Cite No. <sup>1</sup>	(book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	Т				
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Signature	Considered	

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached.

PTO/SB/08A (08-03)

INFORMATION DISCLOSURE
STATEMENT BY APPLICANT

(use as many sheets as necessary)

of 2

Sheet

	Complete if Kn wn
Application Number	10/660,465
Filing Date	September 10, 2003
First Named Inventor	Chernyak, Dimitri
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	019433-000300US

	U.S. PATENT DOCUMENTS+							
Examiner Initials*	Cite No.1	Document Number  Number Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear			
	1	US 3,684,136	08-15-1972	BAUMANN				
	2	US 3,739,947	06-19-1973	BAUMANN et al.				
	3	US 3,756,571	09-04-1973	WINBERG				
	4	US 3,828,434	08-13-1974	MOSCH				
	5	US 3,831,742	08-27-1974	GARDELLA et al.				
	6	US 3,917,062	09-04-1975	WINTERS				
	7	US 4,084,320	04-18-1978	SKEIRIK				
	8	US 4,551,135	11-05-1985	GORMAN et al.				
	9	US 5,058,770	10-22-1991	HEROLD et al.				
	10	US 6,626,912	09-30-2003	SPEITLING				

FOREIGN PATENT DOCUMENTS									
Examiner Initials*	Cite No.1	For	eign Patent Docu Number <sup>4</sup>	ument  Kind Code <sup>5</sup> ( <i>if known</i> )	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T°	
	11	EP	0 245 788	A1	11-19-1987	GREEN			
	12	EP	0 380 867	A1	08-08-1990	CHAN			
	13	EP	0 397 589	A1	11-14-1990	WOLFF			
	14	GB	2239818	Α	07-17-1991	FACCIOLI			
							_	<u> </u>	

Examiner Signature	Date Considered	

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Applicant's unique citation designation number (optional). 
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